

**Texas Education Agency**  
**Standard Application System (SAS)**

**2016–2017 Texas 21<sup>st</sup> Century Community Learning Centers, Cycle 9, Year 1**

<b>Program authority:</b>	Elementary and Secondary Education Act Title IV, Part B as amended by the No Child Left Behind Act	<b>FOR TEA USE ONLY</b> <small>Write NOGA ID here</small>
<b>Grant Period</b>	August 1, 2016, to July 31, 2017	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             Received Texas Education Agency 2016 MAR 29 PM 12:40 Document Control Center Grants Administration           </div>
<b>Application deadline:</b>	5:00 p.m. Central Time, March 29, 2016	
<b>Submittal information:</b>	<b>Three</b> complete copies of the application, at least one with an original signature (blue ink preferred), must be received no later than the aforementioned time and date at this address: Document Control Center, Division of Grants Administration Texas Education Agency 1701 North Congress Ave Austin, TX 78701-1494	
<b>Contact information:</b>	<a href="mailto:21stCentury@tea.texas.gov">21stCentury@tea.texas.gov</a>	

Schedule #1—General Information

**Part 1: Applicant Information**

<b>Organization name</b>	<b>County-District #</b>	<b>Amendment #</b>	
S.H.A.P.E. Community Center			
<b>Vendor ID #</b>	<b>ESC Region #</b>	<b>DUNS #</b>	
23-7176982	4	07-220-7574	
<b>Mailing address</b>		<b>City</b>	<b>State</b> <b>ZIP Code</b>
P.O. Box 8428		Houston	TX    77288-8428

**Primary Contact**

<b>First name</b>	<b>M.I.</b>	<b>Last name</b>	<b>Title</b>
Deloyd	T.	Parker	Executive Director
<b>Telephone #</b>	<b>Email address</b>		<b>FAX #</b>
713-521-0629	<a href="mailto:dt Parker@shape.org">dt Parker@shape.org</a>		713-521-1185

**Secondary Contact**

<b>First name</b>	<b>M.I.</b>	<b>Last name</b>	<b>Title</b>
Anika		Davidson-Rikondja	Project Director
<b>Telephone #</b>	<b>Email address</b>		<b>FAX #</b>
713-521-0641	<a href="mailto:as Davidson@shape.org">as Davidson@shape.org</a>		713-521-1185

**Part 2: Certification and Incorporation**

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. **It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.**

**Authorized Official:**

First name	M.I.	Last name	Title
Deloyd	T.	Parker	Executive Director
Telephone #	Email address		FAX #
713-521-0629	<a href="mailto:dt Parker@shape.org">dt Parker@shape.org</a>		713-521-1185

Signature (blue ink preferred)

Date signed

03/28/2016

Only the legally responsible party may sign this application

**701-16-102-131**

**Schedule #1—General Information (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 3: Schedules Required for New or Amended Applications**

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application.

For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

Schedule #	Schedule Name	Application Type	
		New	Amended
1	General Information	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	Required Attachments and Provisions and Assurances	<input checked="" type="checkbox"/>	N/A
3	Certification of Shared Services	<input type="checkbox"/>	<input type="checkbox"/>
4	Request for Amendment	N/A	<input checked="" type="checkbox"/>
5	Program Executive Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	Program Budget Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Payroll Costs (6100)	See Important Note For Competitive Grant*	<input type="checkbox"/>
8	Professional and Contracted Services (6200)		<input type="checkbox"/>
9	Supplies and Materials (6300)		<input type="checkbox"/>
10	Other Operating Costs (6400)		<input type="checkbox"/>
11	Capital Outlay (6600)		<input type="checkbox"/>
12	Demographics and Participants to Be Served with Grant Funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Project Evaluation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	Responses to Statutory Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	Responses to TEA Requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	Equitable Access and Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	Private Nonprofit School Participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21	Program Information Addendum	<input checked="" type="checkbox"/>	N/A

**\*IMPORTANT NOTE FOR COMPETITIVE GRANTS:** Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, **the application will be disqualified.**

**Part 4: Single Audit Compliance for IHEs and Nonprofit Organizations**

**INSTRUCTIONS:** This part of Schedule #1 is required only for colleges, universities, and nonprofit organizations (other than open-enrollment charter schools)

Enter the start and end dates of your fiscal year in Section 1.

In Section 2, check the appropriate box to indicate whether or not your organization is included in the annual statewide single audit. Public IHEs are generally included, and nonprofit organizations are generally not included.

**Section 1: Applicant Organization's Fiscal Year**

Start date (MM/DD): August 22, 2016

End date (MM/DD): July 28, 2017

**Section 2: Applicant Organizations and the Texas Statewide Single Audit**Yes: ☐No: ☒**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

Schedule #2—Required Attachments and Provisions and Assurances

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 1: Required Attachments**

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

#	Applicant Type	Name of Required Fiscal-Related Attachment
1.	Nonprofit organizations, excluding ISDs and open-enrollment charter schools	Proof of nonprofit status (see <u>General and Fiscal Guidelines</u> , Required Fiscal-Related Attachments, for details)
#	Name of Required Program-Related Attachment	Description of Required Program-Related Attachment
1.	Written Agreements	Written agreements or memoranda of understanding are required for partnerships involving school districts, community-based organizations, or other organizations that work on behalf of the contractor to manage the daily operations of the program. Written agreements are also required for partners that are significantly involved in the development and/or implementation of the program. They are not required for providers of single services, such as a physical activity provider or instructional coach. For example, a district may act as the fiscal agent but manage a contract for a provider to operate the program or host programs at school or non-school locations.

**Part 2: Acceptance and Compliance**

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

**Note that provisions and assurances specific to this program are listed separately; in Part 3 of this schedule, and require a separate certification.**

X	Acceptance and Compliance
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the <u>General and Fiscal Guidelines</u> .
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with the program guidelines for this grant.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with all <u>General Provisions and Assurances</u> requirements.
<input checked="" type="checkbox"/>	I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all <u>Debarment and Suspension Certification</u> requirements.
<input checked="" type="checkbox"/>	I certify that this organization does not spend federal appropriated funds for lobbying activities and certify my acceptance of and compliance with all <u>Lobbying Certification</u> requirements.
<input checked="" type="checkbox"/>	I certify my acceptance of and compliance with <u>No Child Left Behind Act of 2001 Provisions and Assurances</u> requirements.

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By TEA staff person:

Schedule #2—Required Attachments and Provisions and Assurances

County-district number or vendor ID: 23-7176982

Amendment # (for amendments only):

**Part 3: Program-Specific Provisions and Assurances**☒ I certify my acceptance of and compliance with all program-specific provisions and assurances listed below.

#	Provision/Assurance
1.	The applicant provides assurance that funds awarded under this program will be used to increase the level of state, local, and other non-federal funds that would, in the absence of funds under this part, be made available for programs and activities authorized under this part, and in no case supplant federal, state, local, or non-federal funds.
2.	The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public.
3.	The applicant provides assurance that the program will take place in a safe and accessible facility.
4.	The applicant provides assurance that the proposed program was developed, and will be carried out in active collaboration with the schools that students attend.
5.	The applicant provides assurance that the program will target students who attend schools eligible for schoolwide programs and the families of such students.
6.	The applicant provides assurance that the community has been given notice of an intent to submit an application and that the application and any waiver request will be available for public review after submission of the application.
7.	The applicant provides assurance that it has selected feeders and centers in a manner designed to serve students that are most in need of the additional services based on a comprehensive systematic assessment of the needs of students and families and the resources of campuses and the community. The applicant also provides assurance that it will annually conduct a needs assessment and an updated program implementation plan based on the results of the annual needs assessment.
8.	The applicant provides assurance that it will comply with all reporting schedules and deadlines including data entry schedules, as required for state and federal reporting.

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By TEA staff person:

Schedule #3—Certification of Shared Services

County-district number or vendor ID: 23-7176982

Amendment # (for amendments only):

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy (ies) occurred.

Any additional funds that result from an increase will not require additional signatures. **Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable.** Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Fiscal Agent</b>				
1.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Member Districts</b>				
2.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
3.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
4.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
5.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
6.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
7.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
8.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	

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By TEA staff person:

**Schedule #3—Certification of Shared Services (cont.)**

County-district number or vendor ID: 23-7176982			Amendment # (for amendments only):	
#	County-District # and Name	Authorized Official Name and Signature	Telephone Number and Email Address	Funding Amount
<b>Member Districts</b>				
9.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
10.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
11.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
12.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
13.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
14.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
15.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
16.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
17.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
18.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
19.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
20.	County-District #	Name	Telephone number	Funding amount
	County-District Name		Email address	
<b>Grand total:</b>				

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**Schedule #4—Request for Amendment**

County-district number or vendor ID: 23-7176982

Amendment # (for amendments only):

**Part 1: Submitting an Amendment**

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application.** Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail **or** by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Division of Grants Administration, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-7915.

The last day to submit an amendment to TEA is listed on the [TEA Grant Opportunities](#) page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

**Part 2: When an Amendment Is Required**

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Division of Grants Administration [Administering a Grant](#) page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

**Part 3: Revised Budget**

			A	B	C	D
#	Schedule #	Class/ Object Code	Grand Total from Previously Approved Budget	Amount Deleted	Amount Added	New Grand Total
1.	Schedule #7: Payroll	6100	\$	\$	\$	\$
2.	Schedule #8: Contracted Services	6200	\$	\$	\$	\$
3.	Schedule #9: Supplies and Materials	6300	\$	\$	\$	\$
4.	Schedule #10: Other Operating Costs	6400	\$	\$	\$	\$
5.	Schedule #11: Capital Outlay	6600	\$	\$	\$	\$
6.	Total direct costs:		\$	\$	\$	\$
7.	Indirect cost ( %):		\$	\$	\$	\$
8.	Total costs:		\$	\$	\$	\$

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By TEA staff person:

**Schedule #4—Request for Amendment (cont.)**

County-district number or vendor ID: 23-7176982

Amendment # (for amendments only):

**Part 4: Amendment Justification**

Line #	Schedule # Being Amended	Description of Change	Reason for Change
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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By TEA staff person:



**Schedule #5—Program Executive Summary**

County-district number or vendor ID: 23-7176982

Amendment # (for amendments only):

Provide an overview of the program you plan to deliver. Be sure to address fundamental issues such as an overview of your community, the need for the program, and a general description of the program to be implemented. Be sure to align your description with the purpose and goals of this Request for Application. Address new and expanded services that will be made available by the program. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

The Greater Third Ward has been referenced as one of the most predominate African American community, a "Super Neighborhood" of a geographical area thriving and rich in culture and history at one time. The area now faces challenges of crime, drug and alcohol abuse, illiteracy, gentrification, teen-age pregnancy, mental/physical/sexual abuse, student drop-outs, and other insuperable hurdles that threaten the essence of the youth of the neighborhood.

Research from Children at Risk shows children living in low-income families have a higher risk of dropping out of school, poor adolescent and adult health, poor employment outcomes, and experiencing poverty as adults. In communities across the United States, 11.3 million children are without supervision between the hours of 3 and 6 p.m. That number is down from 15.1 million in 2009 and 14.3 million in 2004, but 1 in 5 children still do not have someone to care for them after school (America After 3pm: Afterschool Programs in Demand).

Houston's Greater Third Ward has been specifically noted that most of the students participating in the program are:

- Less than 25% of students in Third Ward are enrolled in a well-rounded after-school program.
- Extremely high level of students considered economically disadvantaged as evidenced by over 80% of children enrolled in area schools participating in free or reduced price meal programs (Texas Education Agency: 2010-2011 District Performance Summary).
- Of the five public elementary schools (Blackshear, Lockhart, MacGregor, Ryan, Yates) in Third Ward (77004), the Texas Education Agency determined 60% of these schools were Academically Unacceptable and failed to meet the Adequate Yearly Progress standards (Houston ISD: 2010-2011 School Profile).with the following:

Educational Services – Academic Assistance: Homework assistance, learning labs, Remedial educational activities, Saturday math tutorials, STARR test preparation (test taking skills) – Math, Science, Reading, Writing; and Computer Skills class for all students in program.

Character Education and Life Skills Development- Enrichment: Character Education and Development, will teach youth effectively how to deal with the demands and challenges of everyday life.

Family Strength and Empowerment- Family and Parental Support Services: While students are supervised separately, parents are in their meeting Bi-Weekly Parent Support Group meeting for parents to learn skills and techniques to help them become more effective at parenting.

Culture Enrichment and Recreational Activities- Enrichment: Students participate in activities such as: Cultural Celebrations, Yoga, African Dance and Drumming, Martial Arts, Sewing, Art classes, and STEM.

Employability Services- College and Career Readiness: GED/Adult Basic Education; Job Skill classes; Computer technology training; Education and Health Fairs to provide parents and youth with opportunities for now and the future.

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Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**Schedule #5—Program Executive Summary (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

Provide an overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

S.H.A.P.E. Community Center has been a beacon in the Greater Third Ward Community for more than 46years and is in a unique position to serve underserved populations. More than 90% of the individuals served are African-American or Hispanic and 95% of these individuals are considered extremely low-income, very-low-income or, low-income. In addition to that, more than 85% of participants in S.H.A.P.E.'s current After-School/Summer Enrichment Programs are from single parent, female-headed households indicating a need for a safe, affordable after-school care.

To address the needs of working families, S.H.A.P.E. is proposing to enhance its current offering by providing safe, innovative, quality programming to students and their families at no cost. S.H.A.P.E. will provide nutritious snack/meals and transportation from campus to center.

**For TEA Use Only**

Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

**S000chedule #6—Program Budget Summary**

County-district number or vendor ID: : 23-7176982			Amendment # (for amendments only):		
Program authority: Elementary and Secondary Education Act Title IV, Part B as amended by NCLB					
Grant period: August 1, 2016, to July 31, 2017			Fund code/shared services arrangement code: 265/352		
<b>Budget Summary</b>					
Schedule #	Title	Class/ Object Code	Program Cost	Admin Cost	Total Budgeted Cost
Schedule #7	Payroll Costs (6100)	6100	\$139391	0	\$139391
Schedule #8	Professional and Contracted Services (6200)	6200	\$25000	\$9700	\$34700
Schedule #9	Supplies and Materials (6300)	6300	\$7500	\$0	\$7500
Schedule #10	Other Operating Costs (6400)	6400	\$13250	0	\$13250
Schedule #11	Capital Outlay (6600)	6600	\$0	0	0
Consolidate Administrative Funds				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total direct costs:			\$185141	\$9700	\$194841
Percentage% indirect costs (see note):			N/A	\$0	0
Grand total of budgeted costs (add all entries in each column):			<b>\$185141</b>	<b>\$9700</b>	<b>\$194841</b>
<b>Shared Services Arrangement</b>					
6493	Payments to member districts of shared services arrangements		\$0	0	0
<b>Administrative Cost Calculation</b>					
Enter the total grant amount requested:					\$194841
Percentage limit on administrative costs established for the program (5%):					× .05
Multiply and round down to the nearest whole dollar. Enter the result.					\$9742
This is the maximum amount allowable for administrative costs, including indirect costs:					

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

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Changes on this page have been confirmed with:

On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person:

## Schedule #7—Payroll Costs (6100)

County-district number or vendor ID: : 23-7176982		Amendment # (for amendments only):		
Employee Position Title		Estimated # of Positions 100% Grant Funded	Estimated # of Positions <100% Grant Funded	Grant Amount Budgeted
<b>Academic/Instructional</b>				
1	Teacher	3	0	\$50400
2	Educational aide			\$
3	Tutor			\$
<b>Program Management and Administration</b>				
4	Project director (required)	1	0	\$36000
5	Site coordinator (required)	1	0	\$27000
6	Family engagement specialist (required)			\$
7	Secretary/administrative assistant			\$
8	Data entry clerk		1	\$15000
9	Grant accountant/bookkeeper			\$
10	Evaluator/evaluation specialist			\$
<b>Auxiliary</b>				
11	Counselor			\$
12	Social worker			\$
<b>Education Service Center (to be completed by ESC only when ESC is the applicant)</b>				
13	ESC specialist/consultant			\$
14	ESC coordinator/manager/supervisor			\$
15	ESC support staff			\$
16	ESC other			\$
17	ESC other			\$
18	ESC other			\$
<b>Other Employee Positions</b>				
19	Title			\$
20	Title			\$
21	Title			\$
22	Subtotal employee costs:			\$
<b>Substitute, Extra-Duty Pay, Benefits Costs</b>				
23	6112	Substitute pay		\$
24	6119	Professional staff extra-duty pay		\$
25	6121	Support staff extra-duty pay		\$
26	6140	Employee benefits		\$10991
27	61XX	Tuition remission (IHEs only)		\$
28	Subtotal substitute, extra-duty, benefits costs			\$10991
29	<b>Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs):</b>			<b>\$139391</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Division of Grants Administration [Administering a Grant](#) page.

## For TEA Use Only

Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

Schedule #8—Professional and Contracted Services (6200)		
County-district number or vendor ID: : 23-7176982		Amendment # (for amendments only):
<b>NOTE:</b> Specifying an individual vendor in a grant application does not meet the applicable requirements for sole-source providers. TEA's approval of such grant applications does not constitute approval of a sole-source provider.		
<b>Professional and Contracted Services Requiring Specific Approval</b>		
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>
6269	Rental or lease of buildings, space in buildings, or land	\$0
	Specify purpose:	
<b>a. Subtotal of professional and contracted services (6200) costs requiring specific approval:</b>		<b>\$0</b>
<b>Professional and Contracted Services</b>		
<b>#</b>	<b>Description of Service and Purpose</b>	<b>Grant Amount Budgeted</b>
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$
13		\$
14		\$
<b>b. Subtotal of professional and contracted services:</b>		<b>\$</b>
<b>c. Remaining 6200—Professional and contracted services that do not require specific approval:</b>		<b>\$36000</b>
<b>(Sum of lines a, b, and c) Grand total</b>		<b>\$36000</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Division of Grants Administration [Administering a Grant](#) page.

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Changes on this page have been confirmed with:	On this date:
Via telephone/fax/email (circle as appropriate)	By TEA staff person:

**Schedule #9—Supplies and Materials (6300)**

County-District Number or Vendor ID: : 23-7176982		Amendment number (for amendments only):
<b>Expense Item Description</b>		<b>Grant Amount Budgeted</b>
6300	Total supplies and materials that do not require specific approval:	\$7500
<b>Grand total:</b>		<b>\$7500</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Division of Grants Administration [Administering a Grant](#) page.

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**Schedule #10—Other Operating Costs (6400)**

County-District Number or Vendor ID: : 23-7176982		Amendment number (for amendments only):
Expense Item Description		Grant Amount Budgeted
6411	Out-of-state travel for employees. Must be allowable per Program Guidelines and must attach Out-of-State Travel Justification Form.	\$0
6412	Travel for students to conferences (does not include field trips). Requires authorization in writing. Specify purpose:	\$0
6412/ 6494	Educational Field Trip(s). Must be allowable per Program Guidelines.	\$0
6413	Stipends for non-employees other than those included in 6419	\$0
6419	Non-employee costs for conferences. Requires authorization in writing.	\$0
Subtotal other operating costs requiring specific approval:		\$0
Remaining 6400—Other operating costs that do not require specific approval:		\$13250
<b>Grand total:</b>		<b>\$13250</b>

In-state travel for employees does not require specific approval.

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Division of Grants Administration [Administering a Grant](#) page.

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**Schedule #11—Capital Outlay (6600)**

County-District Number or Vendor ID: : 23-7176982		Amendment number (for amendments only):		
#	Description and Purpose	Quantity	Unit Cost	Grant Amount Budgeted
<b>6669—Library Books and Media (capitalized and controlled by library)</b>				
1		N/A	N/A	\$0
<b>66XX—Computing Devices, capitalized</b>				
2			\$	\$
3			\$	\$
4			\$	\$
5			\$	\$
6			\$	\$
7			\$	\$
8			\$	\$
9			\$	\$
10			\$	\$
11			\$	\$
<b>66XX—Software, capitalized</b>				
12			\$	\$
13			\$	\$
14			\$	\$
15			\$	\$
16			\$	\$
17			\$	\$
18			\$	\$
<b>66XX—Equipment, furniture, or vehicles</b>				
19			\$	\$
20			\$	\$
21			\$	\$
22			\$	\$
23			\$	\$
24			\$	\$
25			\$	\$
26			\$	\$
27			\$	\$
28			\$	\$
<b>66XX—Capital expenditures for additions, improvements, or modifications to capital assets that materially increase their value or useful life (not ordinary repairs and maintenance)</b>				
29				\$0
<b>Grand total:</b>				<b>\$0</b>

For budgeting assistance, see the Allowable Cost and Budgeting Guidance section of the Division of Grants Administration [Administering a Grant](#) page.

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**Schedule #12—Demographics and Participants to Be Served with Grant Funds**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 1: Student Demographics.** Enter the data requested for the population to be served by this grant program. If data is not available, enter DNA. Use the comments section to add a description of any data not specifically requested that is important to understanding the population to be served by this grant program.

<b>Total enrollment:</b>			<b>214,462</b>	
Category	Number	Percentage	Category	Percentage
African American	53,321	24.9%	Attendance rate	93.8%
Hispanic	133,118	62.1%	Annual dropout rate (Gr 9-12)	10.8%
White	17,770	8%	Students taking the ACT and/or SAT	98.9%
Asian	7,702	3.6%	Average SAT score (number value, not a percentage)	1247
Economically disadvantaged	64	75.6%	Average ACT score (number value, not a percentage)	DNA
Limited English proficient (LEP)	DNA	DNA%	Students classified as "at risk" per Texas Education Code §29.081(d)	DNA%
Disciplinary placements	30,441	DNA%		

**Comments**

Click and type here to enter response.

**Part 2: Teacher Demographics.** Enter the data requested. If data is not available, enter DNA.

Category	Number	Percentage	Category	Number	Percentage
African American	DNA	36.4%	No degree	DNA	1.2%
Hispanic	DNA	27.2%	Bachelor's degree	DNA	69.1%
White	DNA	29.7%	Master's degree	DNA	28.1%
Asian	DNA	4.9%	Doctorate	DNA	1.6%
1-5 years exp.	DNA	28.1%	Avg. salary, 1-5 years exp.	\$49,605	N/A
6-10 years exp.	DNA	20.3%	Avg. salary, 6-10 years exp.	\$51,739	N/A
11-20 years exp.	DNA	24.5%	Avg. salary, 11-20 years exp.	\$54,863	N/A
Over 20 years exp.	DNA	16.0%	Avg. salary, over 20 years exp.	\$64,876	N/A

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**Schedule #12—Demographics and Participants to Be Served with Grant Funds (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 3: Students to Be Served with Grant Funds.** Enter the number of students in each grade, by type of school, projected to be served under the grant program.

School Type	PK (3-4)	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
Public		12	10	10	10	12	7	4	4	4					73
Open-enrollment charter school															
Public institution															
Private nonprofit															
Private for-profit															
<b>TOTAL:</b>		12	10	10	10	12	7	4	4	4					73

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**Schedule #13—Needs Assessment**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 1: Process Description.** A needs assessment is a systematic process for identifying and prioritizing needs and resources. Needs are defined as the area, or gap, between current performance and the desired result. Describe the process for objectively assessing the needs and resources for this program, including a description of the process for prioritizing multiple needs and aligning proposed activities to meet the needs, including the needs of working families. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**Needs**

- Research from Children at Risk shows children living in low-income families have a higher risk of dropping out of school, poor adolescent and adult health, poor employment outcomes, and experiencing poverty as adults.
- Less than 25% of students in Third Ward are enrolled in a well-rounded after-school program.

- Extremely high level of students considered economically disadvantaged as evidenced by over 80% of children enrolled in area schools participating in free or reduced price meal programs (Texas Education Agency: 2010-2011 District Performance Summary).

- Of the five public elementary schools (Blackshear, Lockhart, MacGregor, Ryan, Yates) in Third Ward (77004), the Texas Education Agency determined 60% of these schools were Academically Unacceptable and failed to meet the Adequate Yearly Progress standards (Houston ISD: 2010-2011 School Profile).

- 935,057 of Texas's school-age children (19%) are alone and unsupervised during the hours after-school (After-School Alliance-Texas)

- In communities across the United States, 11.3 million children are without supervision between the hours of 3 and 6 p.m. That number is down from 15.1 million in 2009 and 14.3 million in 2004, but 1 in 5 children still do not have someone to care for them after school(America After 3pm)

S.H.A.P.E. (Self-Help for African People through Education) Community Center's program is one of this long-standing organization's in the Greater Third Ward. For 46 years the outreach of S.H.A.P.E. Community Center provides many programs and activities that serve as tools to strengthen youth, their families and the community in the Greater Third Ward, through affordable after school care.

To address these needs of the youth and their families, S.H.A.P.E. is proposing to enhancing its current offering of healthy snacks/meals, transportation from school to the center and from the center by providing a safe, innovative, quality programming for students and their families at no cost providing.

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**Schedule #13—Needs Assessment (cont.)**

County-district number or vendor ID : 23-7176982

Amendment # (for amendments only):

**Part 2: Alignment with Grant Goals and Objectives.** List the five highest-priority "Identified Needs", in order of importance with 1 being the highest level of importance, that the needs assessment process produced. Describe how this proposal would effectively address the need and attain the desired result, including the needs of working families. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Identified Need	How Implemented Grant Program Would Address
1.	Improve Academic Performance	Improve Academic Performance by offering Academic Assistance: Homework assistance, learning labs, Saturday math tutorials, STARR test preparation (test taking skills) – Math, Science, Reading, Writing; and Computer Skills class for all students in program
2.	Improve Attendance	Improve Attendance by offering College and Career Readiness classes. If students are exposed to career/educational options early, they will make better choices and become active participants in their educational experience now.
3.	Improve Behavior	Improve Behavior by offering Academic Assistance, Character Education, Life Skills Development, Family Strength, Parental Support, College and Career Readiness
4.	Improve Promotion Rates	Improve Promotion Rates by aligning school day with afterschool activities
5.	Improve Graduation Rates	Improve Graduation Rates by Academic Support, Family Engagement, and College and Career Readiness

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**Schedule #14—Management Plan**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 1: Staff Qualifications.** List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Title	Desired Qualifications, Experience, Certifications
1.	Project Director	Bachelor's degree in education or related field; 3-5 years' experience in education, working with high-risk children and families; supervisory experience; knowledge of community resources and local youth service organizations; experience in budget management, program/grant administration, compliance and reporting
2.	Site Coordinator(s)	Bachelor's degree in education or related field; experience working with high-risk children and families; supervisory experience; knowledge of community resources and local youth service organizations.
3.	Family Engagement Specialist	Bachelor's degree in education or related field and/or extensive experience in an educational, social service, or family support setting; demonstrated knowledge of community resources; experience in child development and parenting techniques; experience in working with high- risk children and families.
4.	Education Specialist	Bachelor's Degree in education or related field and/or extensive experience in working with high-risk children and families; supervisory experience; knowledge of community resources; OST program experience.
5.		

**Part 2: Milestones and Timeline.** Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Objective	Milestone	Begin Activity	End Activity
1.	Improve Academic Performance, Promotion and Graduation Rates	1. Improve grade points	08/22/2016	05/25/2017
		2. Improve grades	08/22/2016	05/25/2017
		3. Improve participation in classroom	08/22/2016	05/25/2017
		4. Improve work habits in classroom	08/22/2016	05/25/2017
		5. Improve completion of homework	08/22/2016	05/25/2017
2.	Improve Attendance	1. Clarify and publicize legal and school standards to parents	08/22/2016	05/25/2017
		2. Influence school-day attendance	08/22/2016	05/25/2017
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
3.	Improve Behavior	1. Support the social and emotional growth of students	08/22/2016	05/25/2017
		2. Offer Character and Development class	08/22/2016	05/25/2017
		3. Teach Life Skills	08/22/2016	05/25/2017
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
4.	Parental Involvement w/ children Academic Performance	1. Teacher/Parent Conference	08/22/2016	05/25/2017
		2. School Visits	08/22/2016	05/25/2017
		3. Teach Parents effective skills	08/22/2016	05/25/2017
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX
5.		1.	XX/XX/XXXX	XX/XX/XXXX
		2.	XX/XX/XXXX	XX/XX/XXXX
		3.	XX/XX/XXXX	XX/XX/XXXX
		4.	XX/XX/XXXX	XX/XX/XXXX
		5.	XX/XX/XXXX	XX/XX/XXXX

**Unless pre-award costs are specifically approved by TEA, grant funds will be used to pay only for activities occurring between the beginning and ending dates of the grant, as specified on the Notice of Grant Award.**

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**Schedule #14—Management Plan (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 3: Feedback and Continuous Improvement.** Describe the process and procedures your organization currently has in place for monitoring the attainment of goals and objectives. Include a description of how the plan for attaining goals and objectives is adjusted when necessary and how changes are communicated to administrative staff, teachers, students, parents, and members of the community. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Daily "check-ins" as well as weekly meetings will be held to ensure program monitoring, program compliance, and identification and implantation of best practices. The details of these meetings along with next step and action items will be documented and kept on file. This shared responsibility between the Site Coordinator and the Project Director and either party may request a status of the meeting at any time. The Site Coordinator and Project Director will attend all professional development and technical assistance training to become familiar with the policies and procedures of the 21<sup>st</sup> CCLC and Texas ACE. Monthly reports will be submitted to the Executive Director and the Board of Directors for review and approval.

**Part 4: Sustainability and Commitment.** Describe any existing or planned efforts that are similar or related to this proposal. How will the applicant coordinate with these efforts toward maximizing the effectiveness of grant funds and build sustainability over time? How will you build long-term support and commitment from partners in these efforts and other partners over time? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

S.H.A.P.E. will continue to leverage all funds, from various funding sources, to offer the greatest number of programs and services to people in the Greater Third Ward community. Our current donors have been and continue to be among our most loyal supporters. We believe that once the community begins to benefit from the center, they will actively work with us to raise money and solicit donations from people in the community, corporations, small businesses, and churches to continue this programming initiative. Our community supported has always stood with us in times of need and we expect this to be the case moving forward.

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**Schedule #15—Project Evaluation**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Part 1: Evaluation Design.** List the research methods and processes you will use on an ongoing basis to examine the effectiveness of project strategies, including the indicators of program accomplishment that are associated with each. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

#	Evaluation Method/Process	Associated Indicator of Accomplishment	
1.	Observation	1.	Weekly monitoring
		2.	Previewing and comparing of students' academic reports ( disciplinary referrals, progress reports, and report cards)
		3.	
2.	Surveys	1.	Create profiles that includes demographics and psychographic information of participants
		2.	
		3.	
3.	Assessments	1.	Pre & Post assessments to assess participants
		2.	
		3.	
4.	Site Visits	1.	Conferences between parent/guardians/teachers/school administrators
		2.	School visits
		3.	
5.	School Involvement	1.	Aligning school day with afterschool activities
		2.	Addressing Campus Needs
		3.	

**Part 2: Data Collection and Problem Correction.** Describe the processes for collecting data that are included in the evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How will findings be used to refine, improve, and strengthen the program? How will findings be made available to the public? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The program process of collecting data for 73 students and 55 adult family members of participating children served is based on the number of students we are licensed to accommodate through the Texas Department of Protective and Regulatory Services Participants. Data collected through paper forms that include information of program participate through Academic Achievement; College and Workforce Readiness; Enrichment; and Family Strengthening and Empowerment. Activities provided and designed to improve student achievement with Campus/Community Needs Assessment, pre- and post-assessments tools to assess academic and social development; collaboration between parents/guardians, teachers, school administrators and appropriate personnel; evaluation of students' academic performance to preview and compare that to subsequent academic reports (disciplinary referrals, progress reports, and report cards). Once the information has been collected, the data will be reviewed and shared between the Site Coordinator and the Project Director, which then the Project Director will be responsible for executing the entry of data into the TX21st web-based data management system.

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**Schedule #16—Responses to Statutory Requirements**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 1:** Describe the activities to be funded. Specifically explain the supplemental nature of the activities. Include a description of how students participating in the program will travel safely to and from the center and home. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Three components designed for student activities: Academic Assistance- homework assistance tutorials, remedial education activities, STARR test preparation, Computer Literacy class;  
College and Workforce Readiness- educational and career opportunities through hands-on learning and project-based skills to pursue their educational and career goals: ACT/SAT Prep, Financial Aid Assistance, College visit/tours, etc. and Job skills classes-Resume Writing, Self-Marketing, Job Fair, Interviewing,etc.;  
Enrichment- Cultural Recreation exposure through various Performing and Visual Arts (Art Exhibitions, Sports, Music, Dance, Digital Media, Computer Technology, Golf, Activation; Character Development and Education to address social development through Life Skills to teach youth an effective way to deal with the demands and challenges of everyday life.

Two components designed for adult activities: College and Workforce Readiness- GED/ Adult Basic Education; Computer and Job skills;  
Family and Parental Support Services- Bi-weekly Parent Support Group (PSG) meeting to provide skills and techniques to help parents become more effective at parenting.

Participating students in the program will be transported on a 22 –passenger bus from the feeder schools and transported to the Center. Transportation will be provided for adult family members, if necessary, for the family engagement activities.

**Statutory Requirement 2:** Describe how the eligible entity will disseminate information about the community learning center, including its location, to the community in a manner that is understandable and accessible. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

- Flyers at the Center and surrounding schools
- Presentation(s) at surrounding schools Open House events
- Presentation(s) at Third Ward Community Cloth Cooperative Meetings
- Utilizing existing relationships with parents, teachers, principals, and school counselors
- Public Services Announcements
- Press Releases will be drafted and sent to all major television stations, radio stations, and newspapers in the are
- All Social Media Outlets

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 3:** Describe how the proposed activities are expected to improve campus and student academic achievement, as well as overall student success. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The programs and activities will be based on objective data gathered during the Campus/Community Needs Assessment from that it is outlined in the Texas ACE Blueprint on how the program and activities will designed. All activities for students will be creative, innovative, hands-on and based on models of successful Texas ACE activities and lesson plans. Family activities will be designed to meet the needs of the working families we serve and on-going dialogue between the Center and the families.

**Statutory Requirement 4:** Identify the federal, state, and local programs that will be coordinated with the proposed program and explain how the proposed coordination makes the most effective use of public resources. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

S.H.A.P.E. has benefited from funding in the past from state and local level services, but that funding has been cut or scaled back significantly and has forced the center to decrease the number of students and families we can serve as well as the quality of program. With the funding of TX 21st Century Community Learning Centers, we would be able: Increase the number clients and families being served in our current After-School Enrichment program; Reinstate previously eliminated services: snack and meals, S.T.E.M., educational off-site field trips; Improve the quality of current program by providing optimal instructional help to improve student achievement.

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 5:** Describe how the activities will meet the measures of effectiveness described in the authorizing statute. Specifically describe: 1) how the proposed activities are based on an objective set of measures designed to increase high-quality academic enrichment opportunities; 2) references to evidence-based research that supports the design of the program or activity, and 3) a summary of the plan to collect local data for continuous assessment and local program evaluation. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Program and activities are based on objective data gathered during the Campus/Community Needs Assessment. The research shows that students targeted at Title I school served a high number of "at-risk" and economically disadvantage students. Activities will focus on: Academic Achievement, Literacy, College and Workforce Readiness, Enrichment, and Family Strengthening and Empowerment. The activities offered for free and extended to student's immediate family members. Activities will be planned using resources and tools from Texas ACE to ensure the program includes all four components of Academics Assistance, Enrichment, Family and Parental Support Services, and College and workshop Readiness to address all critical Elements outlined in the Texas ACE Blueprint. Provided the curriculum and lesson plans of the Texas ACE Blueprint aligns with the overall objectives of the 21st CCCL and Texas ACE that ensures the Critical Success Factor Model for consistent operating, innovation, and high-standards. With the use of the curriculum and lesson plans of the Texas ACE Blueprint, we can ensure that the program will help meet the students' needs of academic achievements.

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**Schedule #16— Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 6:** Describe the partnership between local educational agencies, community-based organizations, and other public or private entities in carrying out the proposed program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

☐ **Check this box IF you are applying for priority points** for submitting this application jointly with eligible entities consisting of not less than one local education agency receiving funds under Part A of Title I and another eligible entity.

☒ **Check this box only IF you did not check the box above AND you are requesting that TEA provide the same priority points** because of the applicant's inability to partner with a CBO within reasonable geographic proximity and of sufficient quality to meet the requirements of the grant.

S.H.A.P.E. has developed an on-going community partnership throughout the years. The following has been identified as key partners to provide activities to students:

1. Community Artist Collective: Michelle Barnes, Executive Director 713-523-1616  
-Art Instruction provided to students
2. Jung Center: Sean Fitzpatrick, Program Director 713-524-8253  
-Yoga and Art Therapy classes provided to students
3. Sehah Youth and Fitness Center: M. Baba Shango, Executive Director 713-747-0271  
-Martial Arts and Recreation provided to students
4. Blue Triangle Community Center: Charlotte Bryant, 713-650-3877  
-Swimming (access to facilities and lessons) provided to students
5. Blinder: Marcos Mazula, 832-744-6478  
-Computer classes provided to students
6. Extension Agent-Family and Consumer Sciences, Cooperative Extension Program-Prairie View A&M University  
Ashley Moore 281-855-5600  
- Nutrition education classes to students
7. Children's Museum of Houston: Holly Rojas, Outreach Educator 713-535-7227  
-Museum Partnership for Free visits and Educational Museum boxes
8. Perfect Team Play, Inc.: James Hudson, 281-706-5372  
-Chess Instruction

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 7:** Based on the community needs assessment in Schedule #13, provide a summary of available resources for each proposed community learning center. Describe how the program proposed to be carried out in the center will address the needs identified through the assessment/evaluation process. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

All activities provided are design to improve student's achievement by encouraging students to take an active role in their educational experience. The academic assistance component takes into account the various needs of the feeder schools we serve and will include the following: tutorials and homework assistance; remedial instruction in math and reading; SATSS test preparation; College and Workforce Readiness component will expose students to the numerous educational and career opportunities available to them. Students will discover what knowledge and skills are required in order to pursue their educational and career goals through project-based, hand-on learning. Enrichment activities will help address the social development needs of student participants by offering Character Education; Life Skills; and exposure to various art forms such as music and dance. We expect these efforts to improve academic achievement by allowing students to become vested partners in their educational experience.

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 8:** Demonstrate how the applicant will use best practices, including research or evidence-based practices, to provide educational and related activities that will complement and enhance academic performance, achievement, postsecondary and workforce preparation, and positive youth development of the students. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Research for Children at Risk show that children and youth are 3x more likely to become victims of crime between 3:00 p.m. – 6:00 p.m. but 3x less likely to develop destructive lifestyles if they are enrolled in programs after-school. This is especially true when the program is not simply an extension of the regular school day but specializes in an array of academic and recreational activities and is located off-site. All activities for students will be creative, innovative, and hands-on and based on: Academic Activities; College and Workforce Readiness; Enrichment; Literacy; and Family Strengthening and Empowerment.

**Statutory Requirement 9:** If the eligible entity plans to use volunteers in activities carried out through the community learning center, describe how the eligible entity will encourage and use appropriately qualified persons to serve as the volunteers. Specifically address senior volunteers. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

NA

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**Schedule #16—Responses to Statutory Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**Statutory Requirement 10:** Describe the preliminary plan for how the community learning center will continue after funding under this program ends. Include the strategies and resources that will be employed, individuals and organizations involved, and an annual timeline for implementing the sustainability plan. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

☐ **Check this box IF you are applying for priority points** for local education agency elected board of education written support for sustainability. Letters must represent a majority of the locally elected board and provide a detailed description of the specific challenges the community faces concerning sustainability and how community and board support will assist local efforts to sustain the program over time. **Letters of support with original signatures AND a list of all elected board members, including those that did not sign or submit a letter, must be attached to this application.**

S.H.A.P.E. will continue to leverage finds, from various funding sources, to offer the greatest number of programs and services to the people in The Greater Third Ward community. Our current donors have been and continue to be among our most loyal supporters. S.H.A.P.E. believes that once the community begins to benefit from the people in the community, corporations, small businesses, and churches will continue initiative. The community has always stood by S.H.A.P.E. in times of need and continues to be the case moving forward.

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On this date:

Via telephone/fax/email (circle as appropriate)

By TEA staff person.

## Schedule #17—Responses to TEA Program Requirements

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 1: Community Involvement**

Describe your plans to seek continuous feedback and involvement from community stakeholders, including the process for creating and engaging a community advisory council in order to increase program awareness, evaluate program effectiveness, and develop annual program and sustainability plans. A description of the planned membership and participating organizations must be provided.

Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

S.H.A.P.E. will continue our efforts to engage the community stakeholders with an ongoing dialogue of program planning, design, implementation, and improvements through the Third Ward Community Cloth Cooperative. "The Cloth" was born out of a community initiative and has grown to include more than 325 community based organizations, churches, schools, and businesses that serve the Greater Third Ward Community. Meetings are held monthly and provide ongoing communication and dialogue. By ensuring that the community stakeholders are contributing through feedback and ideas from community members via "The Cloth", Parent Support Group Meetings, and by establishing relationships with schools and teachers to address specific areas of concerns. By doing so, community stakeholders will be asked for their involvement in specified areas of concerns that include creating program awareness; evaluating program effectiveness; and sustainability.

Parental Involvement at the bi-weekly Parent Support Group Meeting held at S.H.A.P.E. the second and fourth Wednesday of the month.

Also school relationships with teachers and administrative staff that S.H.A.P.E. solicits input on a regular. Our Educational Specialist (group leaders) will check-in (informally) with the student's teachers daily during school.

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**Schedule #17—Responses to TEA Program Requirements**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 2: Grant Management.** Describe your plan to manage the various components of the grant while adhering to all grant requirements and providing high-quality programming for all participants. Specifically describe communication among project staff and the provision of ongoing training and support for all staff. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Monthly direct observation assessed through surveys, assessment, site visits, etc. to determine if student/adult participants are making progress toward the Critical Success Model outlined in the Texas ACE Blueprint. The Critical Success Model addresses first the Student and Family Engagement. Progress toward this factor involves increased student and family attendance in after-school program, student mentoring other students, and student and families facilitating activities- all of which can be assessed through direct observation, surveys, and assessments. School Involvement considers actions such as an increased number of students participating in extracurricular activities- which can be assessed through surveys and dialogue with students, families, and teachers, and coaches. Assessment data will be used to conduct ongoing progress reviews to determine the efficacy of programs and activities and uncover any improvements or adjustment that need to be made to ensure needed services being offered. The Site Coordinator and Project Director will attend all Professional Development and Technical Assistance Training to address the fourth Critical Success Factor- Professional Development Impact.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 3: Center Operation Requirements**

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Center Number: 1

Center Name:

S.H.A.P.E. Community Center

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

K-8

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.

Total

Number of Regular Students (attending 45 days or more per year) to be served:

73

Number of Adults (parent/ legal guardians only) to be served:

55

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

	Feeder School #1	Feeder School #2	Feeder School #3	Feeder School #4
Campus Name	Blackshear ES	Lockhart ES	MacGregor ES	Ryan MS
9 digit Campus ID #	101912110	101912195	101912201	101912066
District Name (if different)				
Distance to Center	.5 mile	2 miles	1.5 miles	.5 mile

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application.

Center Number: 2

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

	Feeder School #1	Feeder School #2	Feeder School #3	Feeder School #4
Campus Name				
9 digit Campus ID #				
District Name (if different)				
Distance to Center				

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982		Amendment # (for amendments only):	
<b>TEA Program Requirement 3: Center Operation Requirements</b>			
Chart 1: Center and Feeder School Detail- Applicants must complete the following information for each center in this grant application. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.			
Center Number: 3	Center Name:		
9 digit campus ID#	Distance to Fiscal Agent (Miles)		
Grade Levels to be served (PK-12)			
Chart 2: Participants Served. Applicant must set realistic student and adult/ family participant goals. Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.			
			Total
Number of Regular Students (attending 45 days or more per year) to be served:			
Number of Adults (parent/ legal guardians only) to be served:			
Chart 3: Feeder School Information. Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.			
Campus Name	Feeder School #1	Feeder School #2	Feeder School #3
9 digit Campus ID #			
District Name (if different)			
Distance to Center			
Chart 1: Center and Feeder School Detail- Applicants must complete the following information for each center in this grant application.			
Center Number: 4	Center Name:		
9 digit campus ID#	Distance to Fiscal Agent (Miles)		
Grade Levels to be served (PK-12)			
Chart 2: Participants Served. Applicant must set realistic student and adult/ family participant goals. Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.			
			Total
Number of Regular Students (attending 45 days or more per year) to be served:			
Number of Adults (parent/ legal guardians only) to be served:			
Chart 3: Feeder School Information. Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.			
Campus Name	Feeder School #1	Feeder School #2	Feeder School #3
9 digit Campus ID #			
District Name (if different)			
Distance to Center			

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 3: Center Operation Requirements**

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Center Number: 5

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. **Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.**

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

Feeder School #1

Feeder School #2

Feeder School #3

Feeder School #4

Campus Name

9 digit Campus ID #

District Name (if different)

Distance to Center

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application.

Center Number: 6

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. **Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.**

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

Feeder School #1

Feeder School #2

Feeder School #3

Feeder School #4

Campus Name

9 digit Campus ID #

District Name (if different)

Distance to Center

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 3: Center Operation Requirements**

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Center Number: 7

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. **Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.**

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

Feeder School #1

Feeder School #2

Feeder School #3

Feeder School #4

Campus Name

9 digit Campus ID #

District Name (if different)

Distance to Center

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application.

Center Number: 8

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. **Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.**

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

Feeder School #1

Feeder School #2

Feeder School #3

Feeder School #4

Campus Name

9 digit Campus ID #

District Name (if different)

Distance to Center

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 3: Center Operation Requirements**

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Center Number: 9

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. **Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.**

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

	Feeder School #1	Feeder School #2	Feeder School #3	Feeder School #4
Campus Name				
9 digit Campus ID #				
District Name (if different)				
Distance to Center				

**Chart 1: Center and Feeder School Detail-** Applicants must complete the following information for each center in this grant application.

Center Number: 10

Center Name:

9 digit campus ID#

Distance to Fiscal Agent (Miles)

Grade Levels to be served (PK-12)

**Chart 2: Participants Served.** Applicant must set realistic student and adult/ family participant goals. **Requests to reduce the target service levels during the project will not be approved. Grantees will be subject to an annual funding reduction when regular student numbers are not met.**

Total

Number of Regular Students (attending 45 days or more per year) to be served:

Number of Adults (parent/ legal guardians only) to be served:

**Chart 3: Feeder School Information.** Only complete this chart if the center has feeder school(s). Applicants must serve all feeder schools listed in this application. Students from feeder schools must be transported to/from the main center. Note: A center can have no more than four feeder schools.

	Feeder School #1	Feeder School #2	Feeder School #3	Feeder School #4
Campus Name				
9 digit Campus ID #				
District Name (if different)				
Distance to Center				

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## Schedule #17—Responses to TEA Program Requirements (cont.)

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 3a:** Center Operations, Program Coordination. Describe how the program will coordinate with schoolwide programs under ESEA Section 1114 and state compensatory education programs under Texas Education Code, §29.081. Explain how the program will coordinate to identify and recruit students who are most in need of academic assistance and the plan for retaining those students in the program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

**School Program Alignment**

Our program compliments the values of our schools. We provide outside activities so that children get physical exercise. Our homework hour allows students to complete assigned work with one on one support. During our enrichment hour student's knowledge is expanded beyond traditional learning experiences. We meet with school officials to identify additional areas that we can support the student learning process and/or other areas that students might need assistance with.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 3b:** Center Operations, Staffing and Schedule. Describe and explain the planned operating and staffing schedule for each center. Include total number of weeks and hours per week per center for the regular school year as well as the required six-week minimum summer programming. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The program will be during the times when school is not in session:

- Monday through Friday from 3:00 p.m. – 6:00 p.m. (15 hours per week)
- Winter, Spring, and Summer Break, Monday through Friday from 7:00a.m. – 6:00 p.m. (55 hours per week)

Planning Period / Training August 8-19, 2016

After-School Program August 22, 2016 – May 25, 2017 (40 weeks)

Winter Break December 19-23, 26-30, 2016

Spring Break March 13-17, 2017

Summer Break June 12-July 28, 2017 (7 weeks)

The program will operate parallel to Houston Independent School District (HISD) academic school calendar. Closing only on days there is no school in session. The program will offer extended hours during break periods (Winter, Spring, Summer),

**TEA Program Requirement 3c:** Center Operations, Safety. Describe the plan for ensuring the safety of all program participants and staff in the program at all times. Include the procedures for sign-in and sign-out for all students at each center and adjunct site. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

When students are picked up from school, students are signed in in using paper-based forms with Activity name, date, Activity code (Academic Assistance, Enrichment, or College and Workforce Readiness), Activity leader, time, and student's name. The Activity Leader is to check students by indicating a check mark by the students name and the student is to then initial by their name. Once student has arrived at the center, the student is then signed in again using a paper-based form and staff initials by the students name verifying that they are accounted for. Then when parents receive their child (ren) from the center, parents sign-out the child on the same paper-based form that staff initials by the students name verifying that they are accounted for.

While students are in class for an activity, students are signed in using paper-based forms with Activity name, date, Activity code (Academic Assistance, Enrichment, or College and Workforce Readiness), Activity leader, time, and student's name. The Activity Leader is to check students by indicating a check mark by the students name and the student is to then initial by their name. When it is time for the student to leave the center, the student students are signed out using the same paper-based forms with Activity name, date, Activity code (Academic Assistance, Enrichment, or College and Workforce Readiness), Activity leader, time, and student's name.

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## Schedule #17—Responses to TEA Program Requirements (cont.)

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 4a:** Activity Planning, Alignment and Quality. Describe how the program will align all activities with the school day curriculum, expose students to meaningful academic content that supports mastery of the Texas Essential Knowledge and Skills (TEKS), and provide opportunities for youth to practice skills through engaging and interactive activities. Describe the plan for using evidence-based practices and local data to meet student needs and achieve the desired campus and student outcomes. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

By utilizing the Texas ACE Activity/ Unit Lesson Plan Worksheets for a comprehensive planning, the curriculum and lesson plans developed by ACE grantees as a model that will ensure innovative, high-quality, consistent programming that aligns with state and local requirements as well as the overall objectives of 21<sup>st</sup> CCLC and Texas ACE initiative. Our program will include activities from each of the four components: Academic Assistance,; Enrichment; Family and Parental Support Services; and College and Workforce Readiness.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 4b:** Activity Planning, Meeting Student Needs. Describe how the program will ensure that instruction is adaptable to the academic and developmental needs of students, particularly the individual or small-group instruction needs of students, especially focusing on those students who are at risk of academic failure or dropping out of school. Describe the planned staff to student ratios for the proposed sites and activities. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Activities will be planned using the resources and tools developed by Texas ACE Blue. A continuing Pre and Post-Assessment of the students to monitor the ongoing of Activities planned using the model of the Texas ACE Blueprint.

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## Schedule #17—Responses to TEA Program Requirements (cont.)

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 5a:** Family Engagement, Family Engagement Specialist. Describe the role of the required family engagement specialist position in providing families with active and meaningful engagement in their children's education and opportunities for literacy and related educational development. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

Primary purpose of the Family Engagement Specialist is to encourage family/parental involvement in the school and provides ongoing, educational programs to immediate family members, parents/legal guardian of students enrolled in the program.

**TEA Program Requirement 5b:** Family Engagement, Program Coordination. Describe how the family engagement specialist will coordinate with the project director and site coordinator(s) to recruit participant families and assist in the coordination of family engagement strategies across all centers. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The shared responsibility between the Family Engagement, the project director and site coordinator, may request a meeting at any time and or have weekly meetings along with daily "check-ins" to be held to ensure program monitoring, program compliance, recruitment identification, and implementation of best practices threw attending professional development and technical assistance training.

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**Schedule #17—Responses to TEA Program Requirements (cont.)**

County-district number or vendor ID: : 23-7176982

Amendment # (for amendments only):

**TEA Program Requirement 5c: Family Engagement, Activities.** Describe the types of family engagement activities planned, when/where they will be offered, and the identified student and family needs that the activities address. Describe how the planned activities address the needs of working families; provide parents with opportunities for active and meaningful engagement in their children's education; and provide families with opportunities for literacy and related educational development. Describe additional resources that will be used to provide family engagement activities. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The Family Engagement Specialist works closely with the center and the Parent Teacher Organization and with at-risk students to ensure they receive continued support for their educational goals, plans, and organize family support service workshop, promotes parent and community volunteers at the center, informs families of community resources that could provide needed assistance and develops Family Resources Center to check out periodicals, videos, books and educational games/materials for the entire family.

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**Schedule #18—Equitable Access and Participation**

County-District Number or Vendor ID: : 23-7176982

Amendment number (for amendments only):

**No Barriers**

#	No Barriers	Students	Teachers	Others
000	The applicant assures that no barriers exist to equitable access and participation for any groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gender-Specific Bias**

#	Strategies for Gender-Specific Bias	Students	Teachers	Others
A01	Expand opportunities for historically underrepresented groups to fully participate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A02	Provide staff development on eliminating gender bias	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A03	Ensure strategies and materials used with students do not promote gender bias	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A04	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A05	Ensure compliance with the requirements in Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A06	Ensure students and parents are fully informed of their rights and responsibilities with regard to participation in the program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Cultural, Linguistic, or Economic Diversity**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B01	Provide program information/materials in home language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B02	Provide interpreter/translator at program activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B03	Increase awareness and appreciation of cultural and linguistic diversity through a variety of activities, publications, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B04	Communicate to students, teachers, and other program beneficiaries an appreciation of students' and families' linguistic and cultural backgrounds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B05	Develop/maintain community involvement/participation in program activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B06	Provide staff development on effective teaching strategies for diverse populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B07	Ensure staff development is sensitive to cultural and linguistic differences and communicates an appreciation for diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B08	Seek technical assistance from education service center, technical assistance center, Title I, Part A school support team, or other provider	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B09	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B10	Provide a parent/family center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B11	Involve parents from a variety of backgrounds in decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

**Barrier: Cultural, Linguistic, or Economic Diversity (cont.)**

#	Strategies for Cultural, Linguistic, or Economic Diversity	Students	Teachers	Others
B12	Offer "flexible" opportunities for parent involvement including home learning activities and other activities that don't require parents to come to the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B13	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B14	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B15	Provide adult education, including GED and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B16	Offer computer literacy courses for parents and other program beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B17	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B18	Coordinate with community centers/programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B19	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B20	Develop and implement a plan to eliminate existing discrimination and the effects of past discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B21	Ensure compliance with the requirements in Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, national origin, and color	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B22	Ensure students, teachers, and other program beneficiaries are informed of their rights and responsibilities with regard to participation in the program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B23	Provide mediation training on a regular basis to assist in resolving disputes and complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Gang-Related Activities**

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C01	Provide early intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C02	Provide counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C04	Provide flexibility in scheduling activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C05	Recruit volunteers to assist in promoting gang-free communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C06	Provide mentor program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C07	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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## Schedule #18—Equitable Access and Participation (cont.)

County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

## Barrier: Gang-Related Activities (cont.)

#	Strategies for Gang-Related Activities	Students	Teachers	Others
C08	Provide community service programs/activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C10	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C11	Establish collaborations with law enforcement agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C12	Provide conflict resolution/peer mediation strategies/programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C14	Provide training/information to teachers, school staff, and parents to deal with gang-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Barrier: Drug-Related Activities

#	Strategies for Drug-Related Activities	Students	Teachers	Others
D01	Provide early identification/intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D02	Provide counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D04	Recruit volunteers to assist in promoting drug-free schools and communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D05	Provide mentor program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D06	Provide before/after school recreational, instructional, cultural, or artistic programs/activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D07	Provide community service programs/activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D08	Provide comprehensive health education programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D09	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D10	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D11	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D12	Provide conflict resolution/peer mediation strategies/programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D13	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D14	Provide training/information to teachers, school staff, and parents to deal with drug-related issues	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Barrier: Visual Impairments

#	Strategies for Visual Impairments	Students	Teachers	Others
E01	Provide early identification and intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E02	Provide program materials/information in Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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County-District Number or Vendor ID: 23-7176982

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**Barrier: Visual Impairments**

#	Strategies for Visual Impairments	Students	Teachers	Others
E03	Provide program materials/information in large type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E04	Provide program materials/information in digital/audio formats	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E05	Provide staff development on effective teaching strategies for visual impairment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E06	Provide training for parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E07	Format materials/information published on the internet for ADA accessibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
E99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Hearing Impairments**

#	Strategies for Hearing Impairments			
F01	Provide early identification and intervention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F02	Provide interpreters at program activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F03	Provide captioned video material	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F04	Provide program materials and information in visual format	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F05	Use communication technology, such as TDD/relay	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F06	Provide staff development on effective teaching strategies for hearing impairment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F07	Provide training for parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
F99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Learning Disabilities**

#	Strategies for Learning Disabilities	Students	Teachers	Others
G01	Provide early identification and intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G02	Expand tutorial/mentor programs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
G03	Provide staff development in identification practices and effective teaching strategies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G04	Provide training for parents in early identification and intervention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
G99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Physical Disabilities or Constraints**

#	Strategies for Other Physical Disabilities or Constraints	Students	Teachers	Others
H01	Develop and implement a plan to achieve full participation by students with other physical disabilities or constraints	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H02	Provide staff development on effective teaching strategies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H03	Provide training for parents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
H99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

**Barrier: Inaccessible Physical Structures**

#	Strategies for Inaccessible Physical Structures	Students	Teachers	Others
J01	Develop and implement a plan to achieve full participation by students with other physical disabilities/constraints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J02	Ensure all physical structures are accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Absenteeism/Tuancy**

#	Strategies for Absenteeism/Tuancy	Students	Teachers	Others
K01	Provide early identification/intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K02	Develop and implement a truancy intervention plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K03	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K04	Recruit volunteers to assist in promoting school attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K05	Provide mentor program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K06	Provide before/after school recreational or educational activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K07	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K08	Strengthen school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K09	Develop/maintain community collaborations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K10	Coordinate with health and social services agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K11	Coordinate with the juvenile justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K12	Seek collaboration/assistance from business, industry, or institutions of higher education	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
K99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: High Mobility Rates**

#	Strategies for High Mobility Rates	Students	Teachers	Others
L01	Coordinate with social services agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L02	Establish collaborations with parents of highly mobile families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L03	Establish/maintain timely record transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Support from Parents**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M01	Develop and implement a plan to increase support from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M02	Conduct home visits by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

**Barrier: Lack of Support from Parents (cont.)**

#	Strategies for Lack of Support from Parents	Students	Teachers	Others
M03	Recruit volunteers to actively participate in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M04	Conduct parent/teacher conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M05	Establish school/parent compacts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M06	Provide parenting training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M07	Provide a parent/family center	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M08	Provide program materials/information in home language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M09	Involve parents from a variety of backgrounds in school decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M10	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M11	Provide child care for parents participating in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M12	Acknowledge and include family members' diverse skills, talents, and knowledge in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M13	Provide adult education, including GED and/or ESL classes, or family literacy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M14	Conduct an outreach program for traditionally "hard to reach" parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M15	Facilitate school health advisory councils four times a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Shortage of Qualified Personnel**

#	Strategies for Shortage of Qualified Personnel	Students	Teachers	Others
N01	Develop and implement a plan to recruit and retain qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N02	Recruit and retain personnel from a variety of racial, ethnic, and language minority groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N03	Provide mentor program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N04	Provide intern program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N05	Provide an induction program for new personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N06	Provide professional development in a variety of formats for personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N07	Collaborate with colleges/universities with teacher preparation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Knowledge Regarding Program Benefits**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P01	Develop and implement a plan to inform program beneficiaries of program activities and benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P02	Publish newsletter/brochures to inform program beneficiaries of activities and benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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**Schedule #18—Equitable Access and Participation (cont.)**

County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

**Barrier: Lack of Knowledge Regarding Program Benefits (cont.)**

#	Strategies for Lack of Knowledge Regarding Program Benefits	Students	Teachers	Others
P03	Provide announcements to local radio stations, newspapers, and appropriate electronic media about program activities/benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Lack of Transportation to Program Activities**

#	Strategies for Lack of Transportation	Students	Teachers	Others
Q01	Provide transportation for parents and other program beneficiaries to activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q02	Offer "flexible" opportunities for involvement, including home learning activities and other activities that don't require coming to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q03	Conduct program activities in community centers and other neighborhood locations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q99	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Barrier: Other Barriers**

#	Strategies for Other Barriers	Students	Teachers	Others
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			
Z99	Other barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other strategy			

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**Schedule #19—Private Nonprofit School Participation**

County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

**Part 1: Private Nonprofit School Contacts.** This part is required regardless of whether any private nonprofit schools are participating in the program. For *statewide* teacher training programs or *statewide* student instructional programs, refer to the list of private nonprofit school association contacts posted on the [Applying for a Grant](#) page.

**Total Nonprofit Schools within Boundary**

Enter total number of private nonprofit schools within applicant's boundary (enter "0" if none): 0

**Initial Phase Contact Methods**

Required if any nonprofit schools are within boundary: Check the appropriate box below to indicate initial phase contact method.

☐ Certified letter☐ Documented phone calls☐ Meetings

Fax

☐ Email☒ Other method (specify): **Letter via USPS****Total Eligible Nonprofit Students within Boundary**

Enter total number of eligible private nonprofit students within applicant's boundary (enter "0" if none): 0

Check box only if there is no data available to determine the number of eligible students: ☐**Total Nonprofit Participants**

Total nonprofit schools participating:

Total nonprofit students participating:

Total nonprofit teachers participating:

No nonprofit schools participating: ☐No nonprofit students participating: ☐No nonprofit teachers participating: ☐**Part 2: Consultation and Services.** Remainder of schedule, Parts 2, 3, and 4, are required *only* if private nonprofit schools are participating.**Participant Consultation: Development and Design Phase Consultation Methods**

Check the appropriate boxes to indicate development and design phase contact methods.

☐ Certified letter☐ Documented phone calls☐ Meetings☐ Fax☐ Email☐ Other (specify):**Requirements Considered Per No Child Left Behind Act of 2001 (P.L. 107-110), Section 9501 (c)**☐ How children's needs will be identified☐ What services will be offered☐ How, where, and by whom the services will be provided☐ How the services will be academically assessed, and how the results of that assessment will be used to improve those services☐ The size and scope of the equitable services to be provided to the eligible private nonprofit school children, and the proportion of funds that is allocated under subsection (a)(4) for such services☐ The methods or sources of data that are used under subsection (c) and section 1113(c)(1) to determine the number of children from low-income families in participating school attendance areas who attend private nonprofit schools☐ How and when the organization will make decisions about the delivery of services to such children, including a thorough consideration and analysis of the views of the private nonprofit school officials on the provision of services through a contract with potential third-party providers☐ How, if the organization disagrees with the views of the private nonprofit school officials on the provision of services through a contract, the organization will provide in writing to these officials an analysis of the reasons why the organization has chosen not to use a contractor☐ Other (specify):**For TEA Use Only**

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**Schedule #19—Private Nonprofit School Participation (cont.)**

County-District Number or Vendor ID: 23-7176982

Amendment number (for amendments only):

**Part 3: Services and Benefits Delivery****Designated Places/Sites**☐ Public school☐ Private nonprofit school☐ Neutral site☐ Other (specify):**Designated Times**☐ Regular school day☐ Before school day☐ After school day☐ Summer vacation☐ Other (specify):**Part 4: Selection Criteria/Activity Timeline**

#	Private Nonprofit School Name/ Number of Students and Teachers	Selection Criteria	Major Activities	Activity Begin/ End Date
1	School name:	Activity #1 selection criteria	Activity #1 major activities	Activity #1 begin date
	# of students:    # of teachers:			Activity #1 end date
2	School name:	Activity #2 selection criteria	Activity #2 major activities	Activity #2 begin date
	# of students:    # of teachers:			Activity #2 end date
3	School name:	Activity #3 selection criteria	Activity #3 major activities	Activity #3 begin date
	# of students:    # of teachers:			Activity #3 end date
4	School name:	Activity #4 selection criteria	Activity #4 major activities	Activity #4 begin date
	# of students:    # of teachers:			Activity #4 end date
5	School name:	Activity #5 selection criteria	Activity #5 major activities	Activity #5 begin date
	# of students:    # of teachers:			Activity #5 end date

**Part 5: Differences in Program Benefits Provided to Public and Private Schools**

Select the one appropriate box below.

☒ There are no differences between the program benefits provided to the public school students and the private school students.☐ There are differences in program benefits to be provided to the public school students and the private school students. (Describe the differences and the reasons for the differences in the space provide below.)

Description of Difference in Benefits		Reason for the Difference in Benefits	
1		1	
2		2	
3		3	
4		4	
5		5	

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